DVHA Routing Form

Revision Date 5/1/12

| Type of Agreement: Grant Agree | ement #: 03410-5534-13 Form of Agreement | nt: Amendment | Amendm | nent #: 2 | |
|---|--|--|---------------------------------------|---------------|--|
| Name of Recipient: Bi-State Primary Care Association Program Manager: Jenney Samuelson Agreement Manager: Emily Trantum | | Vendo | Vendor #: 12872 Phone #: 802-872-7532 | | |
| | | Phone #: 802 | | | |
| | | Phone #: 802-879-5946 | | | |
| Brief Explanation of Increase the maximum Agreement: | amount, extend the grant term, and revise A | ttachment B | | | |
| Start Date: July 1, 2012 | End Date: June 30, 2014 Max | imum Amount: \$ | 5167,586.00 | | |
| Amendments Only: Maximum Prior Amount: \$77,290.00 Pero | | centage of Change: 180.50% | | | |
| Bid Process (Contracts Only): Standar | rd Simplified Sole Source | Statutory | Master Co | ontract SOW | |
| | — Funding Source — | | | | |
| Global Commitment 93.778 AA-14 Sole Source Memo Qualitative/Justification Memo | Attachment D - Modifications to C & F Attachment E - Business Associate Agreement | ☐ MOU | ent G - Academic ase & Amendm | | |
| DVHA Grant & Contract Administrator | Kate Jones Jill Gould Carnet Hothaway | Initials | | Date Out | |
| OVHA Grant & Contract Administrator OVHA BO | Kate Jones | Initials COL | 6-20 | (e/19 6-20 | |
| DVHA Grant & Contract Administrator DVHA BO DVHA Commissioner or Designee | Kate Jones Jill Gould Carnet Hothaway | Initials Vec | 6-20 | Ce/19 | |
| DVHA Grant & Contract Administrator DVHA BO DVHA Commissioner or Designee AHS Attorney General | Kate Jones Jill Gould Carnet Hothaway Mark Larson, Commissioner | Initials Vec | 6-20 | (e/19 6-20 | |
| OVHA Grant & Contract Administrator OVHA BO OVHA Commissioner or Designee AHS Attorney General Following Approvals for Contracts Only: | Kate Jones Jill Gould Carnet Hothaway Mark Larson, Commissioner | Initials Vey Cylin Median | 6-20 | (e/19 6-20 | |
| OVHA Grant & Contract Administrator OVHA BO OVHA Commissioner or Designee AHS Attorney General Following Approvals for Contracts Only: AHS CIO | Kate Jones Jill Gould Carnet Hothaway Mark Larson, Commissioner | Initials Vey Chapter July | 6-20 | (e/19 6-20 | |
| DVHA Grant & Contract Administrator DVHA BO DVHA Commissioner or Designee AHS Attorney General Following Approvals for Contracts Only: AHS CIO AHS Central Office | Kate Jones Jill Gould Carnet Hothaway Mark Larson, Commissioner | Initials Vec | 6-20 | (e/19 6-20 | |
| DVHA Grant & Contract Administrator DVHA BO DVHA Commissioner or Designee AHS Attorney General Following Approvals for Contracts Only: AHS CIO AHS Central Office AHS Secretary | Kate Jones Jill Gould Carnet Hothaway Mark Larson, Commissioner | Test of the second of the seco | 6-20 | (e/19 6-20 | |

PAGE 1 OF 2 GRANT #: 03410-5534-13 AMENDMENT # 2

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Bi-State Primary Care Association. (hereafter called the "Grantee") that the grant on the subject of practice facilitation through implementing and managing quality improvement, effective July 1, 2012, is hereby amended effective June 30, 2013 as follows:

- 1. By deleting on page 1 of 20 in the base agreement, Section 3 (Maximum Amount) and substituting in lieu thereof the following Section 4:
 - 3. <u>Maximum Amount:</u> In consideration of services to be performed by the Grantee, the State agrees to pay the Grantee, per payment provisions specified in Attachment B, a sum not to exceed \$167,586.00.
- 2. By deleting on page 1 of 20 of the grant agreement, Section 5 (Source of Funds) and substituting in lieu thereof the following Section 5:

5. Source of Funds: GC \$0

Special \$0

Other - GC \$167,586.00

- 3. By deleting on page 1 of 20 of the base agreement, Section 4 (Grant Term) and substituting in lieu thereof the following Section 4.
 - 4. <u>Grant Term:</u> The effective date of this Grant Agreement shall be July 1, 2012 and end on June 30, 2014. The State and the Grantee have the option of renewing this grant for up to one (1) one-year grant term.
- 4. By deleting on page 5 of 20 of the base agreement, Attachment B Payment Provision, "The Grantee shall invoice the State \$5,900 per month as outlined in the scope of work", and substituting in lieu thereof the following:

The Grantee shall invoice the State \$6,411 per month as outlined in the scope of work.

5. By deleting on page 6 of 20 in the base agreement, budget chart, as amended by Amendment 1, and substituting in lieu thereof the following budget chart:

6.

| Grant Period ending June 30, 2014 | 77 |
|-----------------------------------|-------------|
| Facilitation | \$76,936.00 |
| Travel | \$5,000.00 |
| Milestone Incentives | \$8,000.00 |
| Technology | \$360.00 |
| Total | \$90,296 |

This amendment consists of 1 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (#03410-5534-13) dated July 1, 2012 shall remain unchanged and in full force and effect.

STATE OF VERMONT GRANT AMENDMENT BI-STATE PRIMARY CARE ASSOCIATION

PAGE 2 OF 2 GRANT #: 03410-5534-13 AMENDMENT # 2

STATE OF VERMONT

GRANTEE

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DEPARTMENT OF VERMONT HEALTH ACCESS

BI-STATE PRIMARY CARE ASSOCIATION

E-SIGNed by Mark Larson on 2013-Jul-02

E-SIGNed by Tess Kuenning on 2013-Jul-02

MARK LARSON, COMMISSIONER

DATE

TESS KUENNING, PRESIDENT & CEO DATE